

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 2003

RE: MDR Tracking # M2-03-1561-01
IRO Certificate # IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured his lower back while lifting furniture working as a ___ on ___. He saw a chiropractor for treatment and physical therapy. A lumbar MRI dated 02/20/03 revealed disc protrusion at L3-4 and L4-5 with ventral narrowing of the thecal sac. Due to the physical demands of his job, a request for work hardening has been made.

Requested Service(s)

Work hardening program for four weeks

Decision

It is determined that the proposed work hardening program for four weeks is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record reviewed is incomplete and provides minimal information concerning prior treatment and diagnostic procedures. Apparently prior treatment has included aquatic therapy, massage, and physical therapy. In the mental health interview dated 03/04/03 recommendations include "to be a good candidate for a work hardening program." In the initial functional capacity evaluation (FCE) performed 05/13/03, the examiner concluded "MEDIUM work category within the RESTRICTED work plane". The patient's normal work duties as a ___ require very heavy duty requirements. The work hardening program is medically indicated to assist this patient to return to his previous vocation. Therefore, It is determined that the proposed work hardening program for four weeks is medically necessary.

The follow references were utilized in this decision:

From a document authored by ____ entitled The Purpose of Spinal Rehabilitation: Integration of Passive and Active Care: "Most third-party payors have experienced ongoing treatment for chronic musculo-skeletal pain without any realistic endpoints of care or the conclusion of it". "However, there is a sound rationale for spinal rehabilitation for chronic musculo-skeletal pain. Whereas palliative measures, in particular spinal manipulation, give much needed symptomatic relief and improved activity tolerance in acute pain patients, it is exercise which is proven to be effective in chronic situations."

In a document authored by ____ entitled Physiotherapy and Rehabilitation Guidelines for the Chiropractic Profession: "Stage four is the rehabilitation stage of treatment following the seven-ten-week subacute remodeling phase". "Each clinician must depend on his or her own knowledge of chiropractic and expertise in the use or modification of these materials and information. Generally, passive care is time limited, progressing to active care and patient functional recovery." "Further research appears necessary in order to obtain a consensus of the clinical guidelines of the application of specific physio-therapy-rehabilitative procedures, concerning the restoration of function and prevention of disability following disease, injury, or loss of body part."

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of August 2003.